

L14000061817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265531935

10/17/14--01026--021 **25.00

FILED
14 OCT 17 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Protection LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Laura
Name of Person
Global Protection LLC
Firm/Company
43 South Powerline Road 382
Address
Pompano Beach, FL 33069
City/State and Zip Code
Anthony19545@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Geraci at (954) 918-0463
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Global Protection LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/15/2014 and assigned
Florida document number L1400061817.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Paul Geraci
43 S. Powerline Rd #382
Pompano Beach, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
OCT 17 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

AMBR PAUL GERACI 5910 NW 58TH TERRACE ☒ Add
Parkland FL 33067 ☐ Remove

☐ Remove

FILED
Remove
OCT 17 AM 10:25
A
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10-1-2014

Anthony Lauria

Signature of a member or authorized representative of a member

Anthony Lauria

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 17 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA